

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith		X sick	
5/1/2003	Off. Malicki	x		

Review Date: 01/16/2017

M/V Crash 2017-00487

Officer: Off. Lezon #18

Squad #503

1.Classification1.

- a.The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excersised.
- b.The employee was legally parked or standing.
- c.The employee was aware of the impending hazard,was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

2.Classification II.

- a.The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations,Procedures and/or General Safety Practices.
procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II,disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered.Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii)For a third Classificaton II finding by the board in a 24 month period,a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.Off. Lezon backed into a stopped vehicle.



NORRIDGE POLICE DEPARTMENT

Employee Warning Notice



Name: Justin Lezon Star #: 18 Date: January 20, 2017

TYPE OF VIOLATION				
Attendance	Carelessness	Insubordination	Late Arrival/Early Quit	
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment	Personal Business While on Duty	
Unsatisfactory Work Performance	Violations of Policy/Procedure	X Motor Vehicle Crash	Missing a Court Date	

Date of Violation: January 13, 2017 Time of Violation: 1209


DESCRIPTION OF VIOLATION:

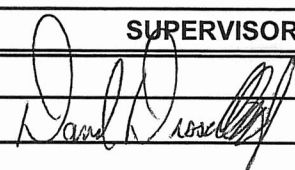
Officer Lezon was involved in a "preventable property damage crash as determined by the accident review board. Accident review board classified the crash a 2a, in that the officer failed to exercise reasonable care. (17-00487) Backed into another vehicle.

OFFICER'S STATEMENT:

☒ I agree with the above description ☐ I disagree with the above description

My reason is: _____

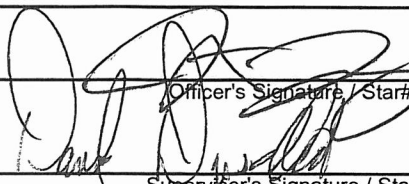
 18 01/25/17
Officer's Signature Star # Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
Verbal Warning		
X Written Warning	01/20/17	
Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN;

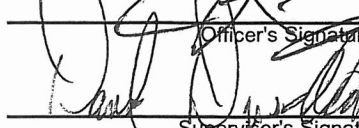
Per Department policy, a second violation within the next 24 months of the date of this violation will result in a 2 day suspension.

I have read and understand this warning;

 #18
Officer's Signature / Star #

01/25/17
Date
1/23/17
Date

Supervisor Issuing Warning:


Supervisor's Signature / Star #



DRAG	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1	U2	X			U1	U2	U1	U2	1	11	23	11 99 9

P0113

U130277677

INVESTIGATING AGENCY	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	TYPE OF REPORT	AGENCY CRASH REPORT NO.	TRFW
	<input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500	<input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	17 000487	1

ADDRESS NO.	HIGHWAY or STREET NAME	CITY	TOWNSHIP	INTERSECTION RELATED	DATE OF CRASH	TIME	LARS CODE	VEHT
4700 BLK	COURTLAND	NORRIDGE		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1/13/17	12:09		15

AT INTERSECTION WITH	COUNTY	PRIVATE PROPERTY	HIT & RUN	DOORING WITH PEDALCYCLIST?	NUMBER MOTOR VEHICLES INVLD	LARS CODE	U2
(CIRCLE) (CIRCLE) N E S W LAWRENCE	COOK	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2		3

NAME	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	FRONT	TOWED DUE TO CRASH	Y	N	NO. LANS
LEZON JUSTIN		FORD	INTER	16	00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT	5	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2

STREET ADDRESS	CITY	STATE	ZIP	INJURY	EJECT	PLATE NO.	STATE	YEAR	INSURANCE CO.	POLICY NO.	VEHU
4020 OLcott	NORRIDGE	IL	60706	0	1	P12617	IL	17	VILLAGE OF NORRIDGE	CLYDS LONDON	6

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.	U1
(708) 453 4770		IL	D	VILLAGE OF NORRIDGE	CLYDS LONDON	6

NAME	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	FRONT	TOWED DUE TO CRASH	Y	N	U2
		DODGE	JOURNEY	12	00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2

STREET ADDRESS	CITY	STATE	ZIP	INJURY	EJECT	PLATE NO.	STATE	YEAR	INSURANCE CO.	POLICY NO.	U2
				0	1			17	ALL STATE		96

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.	U1
(708) 453 4770		IL	D	DRIVER	ALL STATE	96

TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.	U2
X	X	4000 OLcott NORRIDGE IL 60706	BGA 3005405		96

UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
1	1	1/1									

UNIT	EVNT	MOST	EVNT	LOC	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE?
1	X	1					18	90	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

Printed by authority of the State of Illinois

SR 1050 JANUARY 2013

U130277677

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



INDICATE NORTH BY ARROW

LAWRENCE AVE



COURTLAND
4700 BLK

NARRATIVE (Refer to vehicle by Unit No.)

INFORMATION GAIN THROUGH INTERVIEW WITH BOTH DRIVERS;
UNIT 1 WAS STOPPED FACING N/B COURTLAND (4700 BLK)
UNIT 2 WAS STOPPED N/B COURTLAND BEHIND UNIT 1.
UNIT 1 REVERSED S/B AND UNIT 1 REAR BUMPER
STRUCK THE FRONT BUMPER OF UNIT 2 NO
INJURIES REPORTED.

LOCAL USE ONLY

U1 Color BLK U2 Color GRY
U1 Towed by / to X U2 Towed by / to X

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

MCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐

TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____